

MiSSG College Security Access Form

College/University Name: _____

Aid Director Name: _____

By signing below, I authorize the following employees to have access to MiSSG.

Aid Director Signature: _____

Date: _____

| Staff Name (First and Last) | Email Address | Security Level for MTG/MCS | Security Level for TIP |
|-----------------------------|---------------|-------------------------------|------------------------|
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Security Levels: View-Only (VO), Update I (U1), and Administrator 1 (A1). Refer to the additional page for details.

Please return this signed form (scanned) via email to ssg@michigan.gov or fax 517-241-5835.